

Fill in this information to identify your case:

Debtor 1	William	Harvey	Goodling
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Kelly	Jean	Goodling
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DIST. OF PENNSYLVANIA		
Case number (if known)	1:21-bk-01819		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Carpenter****Employer's name****eciConstruction LLC****Employer's address****124 W Church Street**
Number Street**Debtor 2 or non-filing spouse**

- ☒ Employed
☐ Not employed

Payroll Accounting Specialist**CARLISLE INC****16430 N SCOTTSDALE RD, STE 400**
Number Street**Dillsburg PA 17019**
City State Zip Code**SCOTTSDALE AZ 85254**
City State Zip CodeHow long employed there? **October, 2021****03/2022****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$4,333.33	\$5,666.68
3. Estimate and list monthly overtime pay.	3. + \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$4,333.33	\$5,666.68

Debtor 1 **William Harvey Goodling**
Debtor 2 **Kelly Jean Goodling**

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	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$4,333.33	\$5,666.68
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$692.03	\$1,522.80
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$0.00	\$235.00
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify: See continuation sheet	\$80.60	\$145.30
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$772.63	\$1,903.10
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$3,560.70	\$3,763.58
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$0.00	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$3,560.70	\$3,763.58
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		\$7,324.28
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		Combined monthly income

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5h. Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
<u>Unemployment</u>	<u>\$2.60</u>	<u>\$4.02</u>
<u>Local</u>	<u>\$73.67</u>	<u>\$109.86</u>
<u>LST</u>	<u>\$4.33</u>	<u>\$4.34</u>
<u>Accident Ins</u>	<u></u>	<u>\$10.58</u>
<u>Hospital Indem</u>	<u></u>	<u>\$11.70</u>
<u>Supp AD&D</u>	<u></u>	<u>\$4.80</u>
Totals:	<u>\$80.60</u>	<u>\$145.30</u>

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	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DIST. OF PENNSYLVANIA		
Case number (if known)	1:21-bk-01819		

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
☒ Yes. **Does Debtor 2 live in a separate household?**
☒ No
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

- ☐ No
☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>22</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>19</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$1,105.81**If not included in line 4:**

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. _____
4b. _____
4c. \$100.00
4d. _____

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Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	<u>\$930.00</u>
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$460.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$80.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$227.00</u>
6d. Other. Specify: <u>Cable & ISP</u>	6d.	<u>\$200.00</u>
7. Food and housekeeping supplies	7.	<u>\$1,000.00</u>
8. Childcare and children's education costs	8.	<u></u>
9. Clothing, laundry, and dry cleaning	9.	<u>\$150.00</u>
10. Personal care products and services	10.	<u>\$100.00</u>
11. Medical and dental expenses	11.	<u>\$150.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$588.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$88.47</u>
14. Charitable contributions and religious donations	14.	<u></u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u></u>
15b. Health insurance	15b.	<u>\$125.00</u>
15c. Vehicle insurance	15c.	<u>\$225.00</u>
15d. Other insurance. Specify: <u></u>	15d.	<u></u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u></u>	16.	<u></u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	<u></u>
17b. Car payments for Vehicle 2	17b.	<u></u>
17c. Other. Specify: <u></u>	17c.	<u></u>
17d. Other. Specify: <u></u>	17d.	<u></u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	<u></u>
19. Other payments you make to support others who do not live with you. Specify: <u></u>	19.	<u></u>

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20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. \$5,529.28
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$5,529.28

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$7,324.28
23b. Copy your monthly expenses from line 22c above.	23b. -\$5,529.28
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$1,795.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF PENNSYLVANIA
HARRISBURG DIVISION**

IN RE: **William Harvey Goodling
Kelly Jean Goodling**

CASE NO **1:21-bk-01819**

CHAPTER **13**

AMENDED

DISCLOSURE OF COMPENSATION UNDER 11 U.S.C. § 329 AND B.R. 2016(B)

Amount paid:	
Amount to be paid through the plan:	\$4,500.00
Amount to be paid outside the plan:	
Property transferred to attorney:	None
Collateral held by attorney:	None
Source of compensation:	Current wages

I certify that I am the attorney for the above named debtor, and that the compensation paid or agreed to be paid to me for services rendered or to be rendered on behalf of the Debtor in or in connection with a case under Title 11 of the United States Code, such payment or agreement having been made after one year before the date of filing of the petition, is as indicated above.

I further certify that the Debtor has been informed and has agreed that the compensation paid shall include the following legal services: (a) Post-petition conferences and communications with the Debtor; (b) Communications with creditors after the petition is filed; (c) Attendance at 341 First Meeting and attendance at confirmation hearings; (d) Preparation of routine motions.

Debtor's counsel will record time spent on client's case and if the fees exceed the base fee, will file a fee application for additional compensation based on counsel's current hourly rate. Debtor hereby consents to Counsel's fee applications.

I have not agreed to share this compensation with any person other than members of the firm.

Date 5/13/2022

/s/ William Harvey Goodling
William Harvey Goodling

/s/ Dorothy L Mott, Esquire
Dorothy L Mott, Esquire

Bar No. 43568

/s/ Kelly Jean Goodling
Kelly Jean Goodling

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